

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Comp.# (if applicable): _____

ARIZONA SUPERIOR COURT, PIMA COUNTY

In the Matter of:

Case Number: _____

PROOF OF NOTICE

Date of birth:

Guardianship ___ Adult ___ Minor

Conservatorship ___ Adult ___ Minor

The undersigned states that _____
 was delivered or mailed, in accordance with the requirements of A.R.S. §14-1401, or other
 applicable section, to the following persons:

Name	Address	Date Delivered or Mailed
_____	_____	_____

_____	_____	_____

PROOF OF NOTICE - Case Number: _____

Name	Address	Date Delivered or Mailed
_____	_____	_____

_____	_____	_____

The undersigned swear or affirm that the statements set forth above are true and correct, subject to the penalties of making a false affidavit or declaration.

DATED: _____

Conservator and/or Guardian's Signature